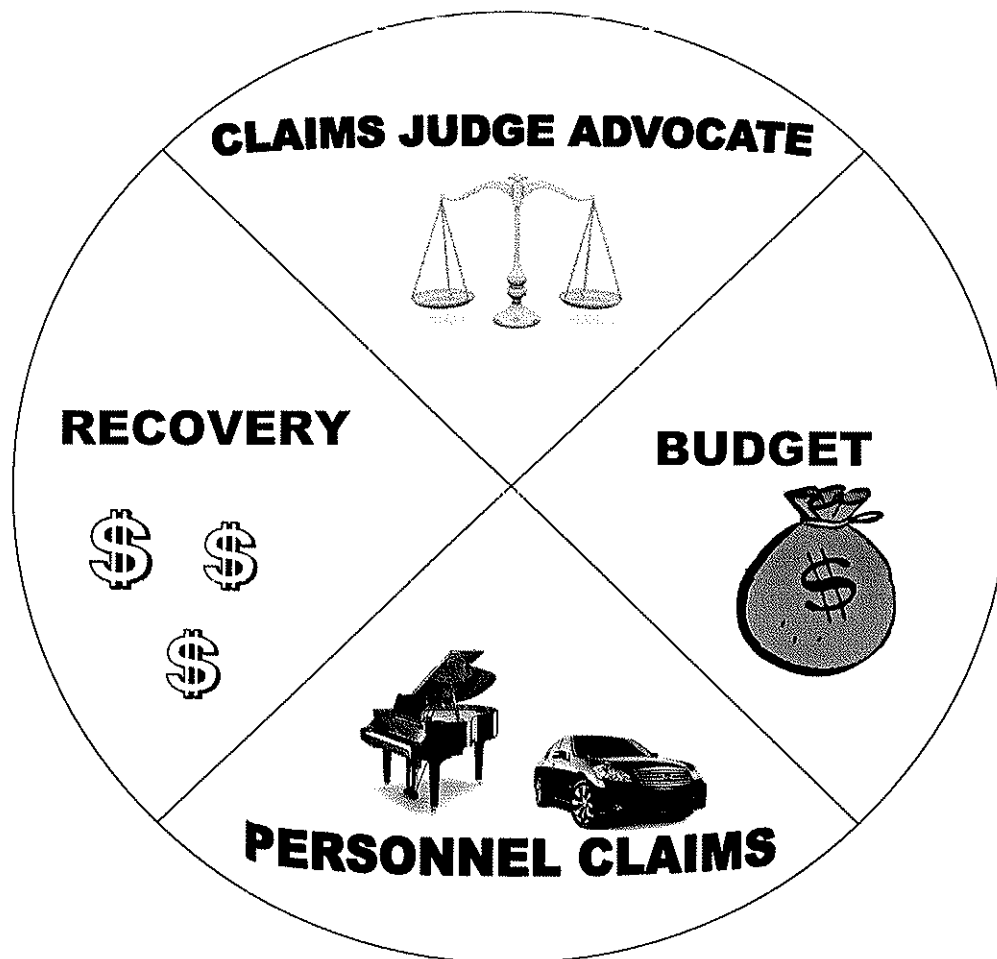


# CAMP CASEY CLAIMS OFFICE

<http://www.2id.korea.army.mil/programs/legalservices>

DSN 730-3687



## 2D INFANTRY DIVISION



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 2D INFANTRY DIVISION  
CAMP CASEY LEGAL CENTER  
UNIT #15104  
APO AP 96224-5104

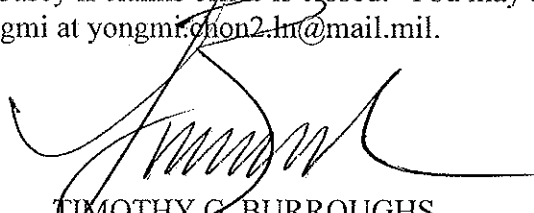
EAID-JA

17 July 2012

MEMORANDUM FOR All Claimants

SUBJECT: Procedures for Filing Claims

1. Welcome to the Claims Office at the Camp Casey Legal Center. We regret that you have experienced a loss or damage to your personal property incident to your government service. The attached checklist and enclosures provide the information you will need to properly file a claim for your loss or damage.
2. Our goal is to fairly investigate and settle your claim as quickly as possible. Congress and the Department of the Army have placed certain restrictions and limitations on how much money our office can pay you and under what circumstances and conditions. To ensure that we can pay you the full amount of money you are entitled to by law, it is important that you carefully read and follow the instructions contained in the attached checklist and enclosures and that you submit all the required documentation.
3. A claims survey form is attached to this letter. We are genuinely interested in your comments regarding our service to you and welcome any suggestions for improvements. Please return this form at the time you file your claim or fold it in half and mail it postage-free through the MPS. If you have additional comments at a later time, extra survey forms are available at the Claims Office.
4. The Claims Office is open for you from 0830-1130 and 1300-1600, Monday to Friday. Our office is closed on some special occasions or events without prior notice so please contact our office and make an appointment to file your claim. If you need assistance at any stage in the claims process, please do not hesitate to contact us at 730-3687 or Legal Assistance Office at Room 235, Bldg 2440 in Maude Hall, Camp Casey if claims office is closed. You may also contact our claims specialist, Mrs. Chon, Yongmi at [yongmi.chon2.h@mail.mil](mailto:yongmi.chon2.h@mail.mil).

  
TIMOTHY G. BURROUGHS  
CPT, JA  
Claims Judge Advocate

## **THEFT OF PERSONAL PROPERTY CLAIM**

1. The following document must be presented to the **Camp Casey Claims Office (Room 243 , Bldg S2440, Maude Hall)** to file a household goods/hold baggage shipment damage/missing claim:

- \_\_\_\_\_ a. **DD Form 1842** (Attached) – Complete applicable blocks 1-18.
- \_\_\_\_\_ b. **DD Form 1844** (Attached) – Complete applicable blocks 1-13.
- \_\_\_\_\_ c. **EACS Form 410** – You complete the entire form.
- \_\_\_\_\_ d. **EACS Form 412** – Your commander completes the form.
- \_\_\_\_\_ e. **Military Police Report** (all thefts).
- \_\_\_\_\_ f. **Korean National Police Report** (off-post thefts only).
- \_\_\_\_\_ g. **Proof of Purchase and Ownership** – i.e. store sales receipts, high dollar value item sheet, credit card receipt, photos, video taped inventory (must substantiate date and cost of purchase).
- \_\_\_\_\_ h. **EFT Worksheet** – Finance will deposit the money to this account.
- \_\_\_\_\_ i. **Copy of latest LES** – if theft includes \$100.00 in cash or more.
- \_\_\_\_\_ j. **Insurance Policy** – if applicable.
- \_\_\_\_\_ k. **Off-post quarters authorization** – including quarter's address and date permission was granted (off-post thefts only). Provide a proof of command sponsorship, if applicable.

2. **DO NOT DISPOSE OF ANY ITEMS CLAIMED AS DAMAGED DURING THEFT.** They will be inspected by the claims office or the carrier, and will possible have to be turned in prior to payment.

3. Any questions should be directed to the Camp Casey Claims Office, Mrs. Chon, Yong Mi, 730-3687, Fax 730-4433, [yongmi.chon2.ln@mail.mil](mailto:yongmi.chon2.ln@mail.mil)

# CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

## PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			YES NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION			
<p><b>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</b></p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>			
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (YYYYMMDD)

## PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)		
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY
CHON, YONG-MI		d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)
TIMOTHY G. BURROUGHS, CPT, JA Claims Judge Advocate		



1. NAME OF CLAIMANT (Last, First, Middle Initial)  
**CLAIMANT, JOHN D.**

2. CLAIMANT'S INSURANCE COMPANY (if applicable)  
 a. NAME \_\_\_\_\_ b. POLICY NO. \_\_\_\_\_

3. PICKUP DATE (YYYYMMDD)  
 4. DELIVERY DATE (YYYYMMDD)

5. LINE QTY  
 6. LOST OR DAMAGED ITEMS  
 7. (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")

8. INV NO.  
 9. ORIGINAL COST  
 10. PURCHASED  
 11. AMOUNT CLAIMED  
 a. Repair Cost  
 b. Replacement Cost

12. INVENTORY DATE (YYYYMMDD)  
 13. EXCEPTIONS  
 14. INV NO.  
 15. EXCEPTION SHEET DATE (YYYYMMDD)

16. EXCEPTIONS  
 17. INV NO.  
 18. EXCEPTIONS  
 19. AMOUNT ALLOWED

20. GBL NUMBER  
 21. CLAIM NUMBER  
 22. NET WT/MAX CAR

23. LOT NUMBER  
 24. HOUSE LIABILITY  
 25. CARRIER LIABILITY

26. ADJUDICATORS REMARKS  
 27. ITEM WT  
 28. HOUSE LIABILITY  
 29. CARRIER LIABILITY

30. TOTAL AMOUNT ALLOWED  
 31. THIRD PARTY LIABILITY

12. REMARKS

SAMPLE

## **THEFT QUESTIONNAIRE**

This questionnaire is designed to assist you in the preparation of your theft claim and allow us to investigate and process your claim more quickly. Please answer all questions to the best of your knowledge. If you need more space, use the remarks section. Disclosure of information is voluntary, failure to substantiate your claim may result in the denial of part of all of your claim.

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

UNIT: \_\_\_\_\_ DUTY PHONE #: \_\_\_\_\_

1. Where did the theft occur? (Be specific as to place. Give room, building number, address of quarters, etc.)

\_\_\_\_\_

2. Where was/were the article(s) located at the time of the theft? (Locker, dresser, closet, etc.)

\_\_\_\_\_

3. What was the date and approximate time of the theft? (Give the period of time during which the theft probably occurred, i.e. between the hours of 0100 and 0900.)

\_\_\_\_\_

4. When did you discover the theft? (Date & Time) \_\_\_\_\_

5. To whom did you report the theft and by what means? (If off-post, both the KNP's and the MP's need to be notified.) \_\_\_\_\_

6. When did you report the theft? (Date & Time) \_\_\_\_\_

7. Did the KNP's/MP's visit the scene of the theft? \_\_\_\_\_

8. Were pictures taken or diagrams of the scene of the theft made of the scene of the theft by you or the police? (If yes, attach copies to your claim.)

\_\_\_\_\_

9. Where were you at the time of the theft? \_\_\_\_\_

10. If the theft occurred at your quarters, who besides yourself, occupied the quarters on or about the date of the theft? (Roommate, guests, family, employees.)

\_\_\_\_\_

11. In regard to question 10 above, where they at the time of the theft?

\_\_\_\_\_

12. How was entry gained to your quarters? (Were there signs of forced entry, i.e. scratches on the lock of the door, paint chipped off molding, broken glass, etc.) Describe in detail.

13. If entry was through a door or window, what type of locking device was installed on the door or window at the time of the theft?

14. Who, other than yourself, has a key to your quarters (POV)?

15. Were your quarters (POV) secured at the time of the theft? Were all doors and windows locked? (If no, explain.)

16. If you lost small valuable items (watches, jewelry to include pins, rings, earrings, bracelets, lockets, pendants, necklaces, tie clips, cuff links, etc.), where were they located at the time of theft? (Be specific, such as, top of dresser, in dresser drawers, in jewelry box, etc.)

17. Remarks.



## COMMANDER'S STATEMENT

Please complete the following questions in the space provided typewritten or in ink:

1. This statement is provided as an enclosure to the claim of :

\_\_\_\_\_  
(Claimant's Name, SSAN, and Unit)

2. Does the unit require files to be maintained recording personal property of unit personnel where the value of the items exceeds \$25.00?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. If the property value is over \$25.00, did the soldier record the property being claimed?

YES \_\_\_\_\_ NO \_\_\_\_\_

4. Did the soldier have actual knowledge of the requirement to register items valued over \$25.00?

YES \_\_\_\_\_ NO \_\_\_\_\_

5. In your opinion, do you believe the loss took place as alleged? (If no, explain.)

YES \_\_\_\_\_ NO \_\_\_\_\_

6. In your opinion, did the soldier take reasonable measures to safeguard his property? (Please explain.)

7. Briefly, what measures, if any, have you taken to prevent the reoccurrence of such incidents? (Use additional sheet if necessary.)

8. State any other factors you believe should be considered in adjusting this claim.

\_\_\_\_\_  
NAME, RANK/BRANCH

\_\_\_\_\_  
TITLE

## **REQUEST FOR RECONSIDERATION**

Under **AR 27-20, paragraphs 11-20**, you may request reconsideration of your claim, please specify why you disagree with the decision, especially if there are additional facts in your behalf. Your request should clearly state your factual or legal basis for relief, and you should attach any additional evidence that you would like us to consider. ***Your request for reconsideration must be in writing, and must be received by this office within sixty days from the date of settlement.***

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SIGNATURE OF CLAIMANT

---

DATE

## **MANUAL CEFT INPUT INFORMATION**

Payee Name \_\_\_\_\_

SSN \_\_\_\_\_ EIN \_\_\_\_\_

Corporate Status Code (see attached list) \_\_\_\_\_ 2J \_\_\_\_\_

Payee MAILING Address \_\_\_\_\_

Payee Phone: \_\_\_\_\_

Payee Email Address \_\_\_\_\_

EFT Format: CTX

### **FINANCIAL INSTITUTION INFORMATION**

ACH Bank Name \_\_\_\_\_

ACH Bank Address \_\_\_\_\_

ACH Bank Telephone Number \_\_\_\_\_

ACH Nine-Digit Routing Transit Number \_\_\_\_\_

Depositor Account Number \_\_\_\_\_

Type of Account (checking or savings) \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_

**NOTE: Failure to annotate legibly, or provide all required information will delay processing of your claim payment.**



# CAMP CASEY LEGAL CENTER CLAIMS OFFICE SURVEY FORM



*Please answer the questions below and furnish comments to assist us in providing better service to our customers. After completing the survey, place it in either the survey box located in the Camp Red Cloud Legal Center or fold it in half and mail it postage-free through MPS.*

1. What was the name of the Claims Office personnel who assisted you?

\_\_\_\_\_

2. How do you rate the service provided by him/her? (Check one)

☐ Excellent    ☐ Good    ☐ Average    ☐ Below Average    ☐ Poor

3. Is there anything you would like this person to have done differently?

\_\_\_\_\_  
\_\_\_\_\_

4. Did the instructions in the claims packet adequately explain how to prepare your claims forms?

☐ Yes    ☐ No (If not, what was it that was unclear for you?)

\_\_\_\_\_  
\_\_\_\_\_

5. Were you given a satisfactory explanation concerning the methods of the Claims Office used to compute your claim settlement and new FRV (Full Replacement Value) program that is a claim to the TSP (Carrier) on line?

☐ Yes    ☐ No (If not, what was it that was unclear for you?)

\_\_\_\_\_  
\_\_\_\_\_

6. If you had repair work or estimates done on your damaged items, please rate the quality of service received below:

<u>Firm</u>	<u>Item/Items worked on</u>	<u>Rating</u>	<u>Comments</u>
-------------	-----------------------------	---------------	-----------------

OPTIONAL: \_\_\_\_\_  
Your Name

\_\_\_\_\_

Work Number

\_\_\_\_\_

Date